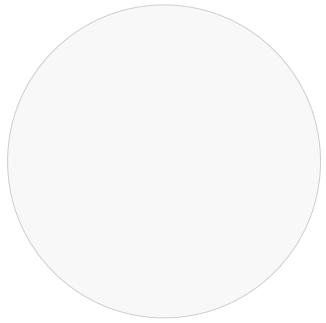


Name of Practice:

Enter address and contact information here.

**Name of Project:**

Enter name here.

Location:

Enter address here.

Date:

Enter address here.

2024 Ontario Building Code Data Matrix
Part 9 – Housing and Small Buildings

Building Code Reference¹

9.00	Building Code Version:	<u>O. Reg. 163/24</u>	Last Amendment	<u>O. Reg. 447/24</u>		
9.01	Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____			[A] 1.3.3.3.	
9.02	Major Occupancy Classification:	Occupancy _____ _____ _____	Use _____ _____ _____		9.10.2.	
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Description: _____			9.10.2.3.	
9.04	Building Area (m ²) <i>Insert additional lines as needed</i>	Description: _____ _____ _____ _____ _____ _____	Existing _____ _____ _____ _____ _____ _____	New _____ _____ _____ _____ _____ _____	Total _____ _____ _____ _____ _____ _____	[A] 1.4.1.2.

9.13	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes						[A] 1.3.3.2. and Part 4
9.14	Occupant Load	<u>Floor Level/Area</u>		<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	<u>Posted Limit Required</u>	9.9.1.3. Table 3.1.17.1.
		_____	_____	_____	_____	0	_____	
		_____	_____	_____	_____	0	_____	
		_____	_____	_____	_____	0	_____	
		_____	_____	_____	_____	0	_____	
		<u>Total:</u> _____						
9.15	Barrier-free Design:	<input type="checkbox"/> Yes	Explanation _____					9.5.2. & 3.8
9.16	Hazardous Substances:	<input type="checkbox"/> Yes	Explanation _____					9.10.1.3.
9.17	Required Fire Resistance Ratings	<u>Horizontal Assembly</u>	<u>Fire Resistance Rating (H)</u>	<u>Supporting Assembly(H)</u>	<u>Non-combustible in lieu of rating?</u>		9.10.8. and 9.10.11.	
		Floors over basement	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
		Floors	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
		Mezzanine	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
		Roof	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
9.18a	Spatial Separation	<u>Wall</u>	<u>EBF Area (m²)</u>	<u>L.D. (m)</u>	<u>L/H or H/L</u>	<u>Required FRR (H)</u>	<u>% Unprotected Openings Permitted</u>	9.10.14., 9.10.15.
		_____	0	0	0	0	_____	
		_____	0	0	0	0	_____	
		_____	0	0	0	0	_____	
		_____	0	0	0	0	_____	
9.18b	Spatial Separation Continued	<u>Wall (repeated)</u>		<u>Construction Type</u>		<u>Cladding Type</u>	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	
		_____		_____		<input type="checkbox"/> Non-combustible	_____	

9.19a	Plumbing Fixture Requirements <i>Insert additional lines as needed</i>	<p>Ratio: <u>Male:Female = 50:50 Except as noted otherwise</u></p> <table> <thead> <tr> <th><u>Floor Level/Area</u></th><th><u>Occupant Load</u></th><th><u>OBC Sentence</u></th><th><u>WCs Required</u></th><th><u>WCs Provided</u></th></tr> </thead> <tbody> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Sentence</u>	<u>WCs Required</u>	<u>WCs Provided</u>	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	9.31. & 3.7.4.
<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Sentence</u>	<u>WCs Required</u>	<u>WCs Provided</u>																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
9.19b	Plumbing Fixture Requirements Continued <i>Insert additional lines as needed</i>	<table> <thead> <tr> <th><u>Floor Level/Area (repeated)</u></th><th><u>Barrier-free WCs Required</u></th><th><u>Barrier-free WCs Provided</u></th><th><u>Universal Washrooms Required</u></th><th><u>Universal Washrooms Provided</u></th></tr> </thead> <tbody> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> </tbody> </table>	<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	
<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
_____	0	_____	0	0																								
9.20	Energy Efficiency:	<p>Category:</p> <p>Non-residential Compliance Option:</p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.4)</p> <p><input type="checkbox"/> SB-10 Performance (Div.2)</p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.2)</p> <p>Residential Compliance Option:</p> <p><input type="checkbox"/> SB-12 Prescriptive Compliance Packages</p> <p><input type="checkbox"/> SB-12 Performance Compliance</p> <p><input type="checkbox"/> SB-12 Other: Energy Star for New Homes</p> <p><input type="checkbox"/> EnerGuide for New Houses</p> <p>Project Design Conditions:</p> <p>Climatic Zone: _____</p> <table> <thead> <tr> <th>Fenestration</th> <th><u>Gross Above Grade Wall or Roof Area (m²)</u></th> <th><u>Gross Fenestration Area (m²)</u></th> <th><u>Fenestration Ratio</u></th> </tr> </thead> <tbody> <tr> <td>Vertical (W+D)</td> <td>0</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Skylights</td> <td>0</td> <td>0</td> <td>0%</td> </tr> </tbody> </table>	Fenestration	<u>Gross Above Grade Wall or Roof Area (m²)</u>	<u>Gross Fenestration Area (m²)</u>	<u>Fenestration Ratio</u>	Vertical (W+D)	0	0	0%	Skylights	0	0	0%	12.2.													
Fenestration	<u>Gross Above Grade Wall or Roof Area (m²)</u>	<u>Gross Fenestration Area (m²)</u>	<u>Fenestration Ratio</u>																									
Vertical (W+D)	0	0	0%																									
Skylights	0	0	0%																									

		<p>Space Heating Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Solid fuel <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency <input type="checkbox"/> $\geq 92\%$ AFUE <input type="checkbox"/> $\geq 84\% - < 92\%$ AFUE</p> <p>Other Conditions <input type="checkbox"/> ICF Basement <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Slab-on-Ground <input type="checkbox"/> Log/Post & Beam <input type="checkbox"/> Blown-in Insulation Above Grade Wall <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package _____</p>	SB-12 T3.1.1.2.A-C T3.1.1.3.A-C
9.21	Sound Transmission Design:	<p>Is there more than 1 dwelling unit in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Option Implemented: <u>Min STC rating of</u> _____</p> <p>Notes: _____</p>	5.8.1.2., 5.8.1.4., & 9.11.1.4.
9.22	Bracing to Resist Lateral Loads Due	<p>5% Seismic Spectral Acceleration, $S_a(0.2)$ _____</p> <p>1-in-50 hourly wind pressure (HWP) (kPa) _____</p> <p>Applicable Requirements:</p> <p>Design in accordance with: _____</p> <p>Notes: _____</p> <p>Bracing in accordance with: _____</p> <p>Notes: _____</p> <p>Construction Type by Floor Level</p> <p>Lowest Exterior Frame Wall Supports: _____</p> <p>2nd Level: _____</p> <p>3rd Level: _____</p> <p>Notes: _____</p>	<u>SB-1</u> , <u>Table 3</u> <u>SB-1</u> , <u>Table 2</u> T A-9.23.13 9.23.16.2., 9.27. & 9.29. 9.23.13.4. to 9.23.13.7. Part 4 Good eng. practice
9.23	Alternative Solutions <i>Insert additional lines as needed</i>	_____ _____ _____	[A] 1.2.1.1., and [C] 2.1.

9.24	Notes: <i>Insert additional lines as needed</i>	<hr/> <hr/> <hr/>	
------	--	-------------------	--

1 *All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.*